

L17000002927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

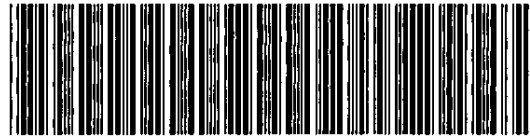
(Business Entity Name)

(Document Number)

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FILED  
2017 APR 21 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

M. MILLIGAN  
APR 21 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Professional Accurate Dependable Services, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pierre Cius  
Name of Person

Professional Accurate Dependable Services, LLC  
Firm/Company

1780 16th Ave N  
Address

LAKE WORTH, FL 33460  
City/State and Zip Code

Pcius@FAU.edu  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pierre Cius at 861 360-6502  
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

**FILED**  
2017 APR 21 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Professional Accurate  
Dependable Services, LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000002927

**THIRD:** Document to be corrected is: EFFECTIVE DATE and Principal Address

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The effective date for the company should be  
January 1, 2017. The whole purpose of waiting  
until 2017 to file was for that. Also change principal  
OR  
address to mailing address. Thank you!

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

☐ The electronic transmission of the record was defective.

[Signature]

Signature of Authorized Representative

4/10/17  
Date

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)